

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 6/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

AMENDED PROFIT CORPORATION  
FLORIDA DEPARTMENT OF STATE  
Sa. B. M. H. Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

New Power BBS, INC

Principal Place of Business

Mailing Address

1499 W PALMETTO PK RD #161  
BOCA RATON, FL 33433

FILED  
96 OCT 21 PM 5:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 1499 W PALMETTO PK	26 SAME	3 JUNE 17, 1994	3a AUG 16, 96
22 Suite, Apt. #, etc. #161	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 BOCA RATON, FL	28 City & State	65-0501180	Not Applicable
24 Zip 33433	29 Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Same

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT / DIRECTOR 10-13-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / DIRECTOR	1.1 TITLE	
NAME	ROBERT R. DISALVO	1.2 NAME	
STREET ADDRESS	1499 W PALMETTO PK RD #161	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	TREASURER / SECRETARY	2.1 TITLE	SECRETARY / TREASURER
NAME	BILL MYERS	2.2 NAME	JUNE MORGAN
STREET ADDRESS	1499 W PALMETTO PK RD #161	2.3 STREET ADDRESS	1499 W PALMETTO PK RD #161
CITY-ST-ZIP	BOCA RATON, FL 33433	2.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-13-96 561-750 7455

CR2E034 (3/96)